

# Sterilization

---

## What is sterilization? [Refer to WAC 388-531-1550(1)]

Sterilization is any medical procedure, treatment, or operation for the purpose of rendering a client permanently incapable of reproducing. This includes vasectomies and tubal ligations.

**Note:** HRSA does **not** pay for hysterectomies performed solely for the purpose of sterilization.

## What are HRSA's payment requirements for sterilizations?

[Refer to WAC 388-531-1550(2)]

HRSA covers sterilization when all of the following apply:

- The client has **voluntarily** given informed consent;
- The client is at least 18 years of age at the time consent is signed;
- The client is a mentally competent individual; and
- At least 30 days, but not more than 180 days, have passed between the date the client gave informed consent and the date of the sterilization.

**Note:** HRSA pays providers for sterilizations for managed care clients 18 through 20 years of age under the fee-for-service system. All other managed care clients must obtain their sterilization services from their managed care provider.

HRSA pays providers (e.g., hospitals, anesthesiologists, surgeons, and other attending providers) for a sterilization procedure only when the completed federally approved Sterilization Consent Form, DSHS 13-364, is attached to the claim. Click link to download the DSHS 13-364 [http://www1.dshs.wa.gov/pdf/ms/forms/13\\_364a.pdf](http://www1.dshs.wa.gov/pdf/ms/forms/13_364a.pdf). HRSA does not accept any other forms attached to the claim. HRSA pays after the procedure is completed.

HRSA pays providers for epidural anesthesia in excess of the six-hour limit for deliveries if sterilization procedures are performed in conjunction with, or immediately following, a delivery. HRSA determines total billable units by:

- Adding the time for the sterilization procedure to the time for the delivery; and
- Determining the total billable units by adding together the delivery base anesthesia units (BAUs), the delivery time, and the sterilization time.

Do not bill the BAUs for the sterilization procedure separately.

## Additional Requirements for Sterilization of Mentally Incompetent or Institutionalized Clients

Providers must meet the following additional consent requirements before HRSA will pay the provider for the sterilization of a mentally incompetent or institutionalized client. HRSA requires both of the following to be attached to the claim form:

- Court orders that include the following:
  - ✓ A statement that the client is to be sterilized; **and**
  - ✓ The name of the client's legal guardian, who will be giving consent for the sterilization.
- Sterilization Consent Form, DSHS 13-364, signed by the client's legal guardian.

## When does HRSA waive the 30-day waiting period?

[WAC 388-531-1550(3) and (4)]

HRSA does not require the 30-day waiting period, but does require at least a 72 hour waiting period, for sterilization in the following circumstances:

- At the time of premature delivery, the client gave consent at least 30 days before the *expected* date of delivery. The expected date of delivery must be documented on the consent form.
- For emergency abdominal surgery, the nature of the emergency must be described on the consent form.

HRSA waives the 30-day consent waiting period for sterilization when the client requests that sterilization be performed at the time of delivery, **and** completes a Sterilization Consent Form, DSHS 13-364. One of the following circumstances must apply:

- The client became eligible for Medical Assistance during the last month of pregnancy (**HCFA 1500 field 19: "NOT ELIGIBLE 30 DAYS BEFORE DELIVERY"**); or
- The client did not obtain medical care until the last month of pregnancy (**HCFA 1500 field 19: "NO MEDICAL CARE 30 DAYS BEFORE DELIVERY"**); or
- The client was a substance abuser during pregnancy, but is not using alcohol or illegal drugs at the time of delivery. (**HCFA 1500 field 19: "NO SUBSTANCE ABUSE AT TIME OF DELIVERY."**)

**The provider must note on the HCFA-1500 claim form in field 19 or on the backup documentation, which of the above waiver condition(s) has been met.** Required language is shown in parenthesis above. Providers who bill electronically, must indicate this information in the *Comments* field.

## **When does HRSA *not* accept a signed Sterilization Consent Form (DSHS 13-364)?** [Refer to WAC 388-531-1550(5) and (6)]

HRSA does not accept informed consent obtained when the client is in any of the following conditions:

- In labor or childbirth;
- Seeking to obtain or obtaining an abortion; or
- Under the influence of alcohol or other substances that affect the client's state of awareness.

## **Why do I need a DSHS-approved Sterilization Consent Form?**

Federal regulations prohibit payment for sterilization procedures until a federally approved and accurately completed Sterilization Consent Form, DSHS 13-364 is received. To comply with this requirement, surgeons, anesthesiologists, and assistant surgeons as well as the facility in which the surgery is being performed must obtain a copy of a completed Sterilization Consent Form, DSHS 13-364, to attach to their claim.

***You must use Sterilization Consent Form, DSHS 13-364, in order for HRSA to pay your claim. HRSA does not accept any other form.***

To **download** DSHS forms, visit: <http://www1.dshs.wa.gov/msa/forms/eforms.html>  
Scroll down to form number 13-364.

To **have a hard copy sent** to you, contact:  
DSHS Forms Management Phone: (360) 664-6047 or Fax: (360) 664-6186

Include in your request:

- Form number and name;
- Quantity desired;
- Your name and your office name; and
- Your full mailing address.

HRSA will deny a claim for a procedure received without the Sterilization Consent Form, DSHS 13-364. HRSA will deny a claim with an incomplete or improperly completed Sterilization Consent Form. Submit the claim and completed Sterilization Consent Form, DSHS 13-364, to:

**HRSA Division of Program Support  
PO Box 9248  
Olympia WA 98507-9248**

If you are submitting your sterilization claim form electronically, be sure to indicate in the comments section that you are sending in a hard copy of the Sterilization Consent Form, DSHS 13-364. Then send in the form with the electronic claims ICN.

## **Who completes the Sterilization Consent Form (DSHS 13-364)?**

- Sections I, II, and III of the Sterilization Consent Form are completed by the client, interpreter (if needed), and the physician/clinic representative more than 30 days, but less than 180 days, prior to date of sterilization. If less than 30 days, refer to page F.2: "When does HRSA waive the 30 day waiting period?" and/or section IV of the Sterilization Consent Form.
- The bottom right portion (section IV) of the Sterilization Consent Form is completed shortly before, on, or after the surgery date by the physician who performed the surgery.
- If the initial Sterilization Consent Form sections I, II, and III are completed by one physician and a different physician performed the surgery:
  - ✓ Complete another Sterilization Consent Form entering the date it was completed; and
  - ✓ Submit both Sterilization Consent Form with your claim.

## Frequently Asked Questions on Billing Sterilizations

**1. If I provide sterilization services to Family Planning Only clients along with a secondary surgical intervention, such as lysis of adhesions, will I be paid?**

The scope of coverage for Family Planning Only clients is limited to contraceptive intervention only. HRSA does not pay for any other medical services unless they are medically necessary in order for the client to safely, effectively and successfully use or continue to use their chosen birth control method.

Only claims submitted with diagnosis codes in the V25 series (excluding V25.3) will be processed for possible payment. All other diagnosis codes are non covered and will not be paid.

**Note:** Remember you must submit all sterilization claims with the **completed**, federally approved Sterilization Consent Form.

**2. If I provide sterilization services to a Medicaid, full scope of care client along with a secondary surgical intervention, such as lysis of adhesions or Cesarean Section delivery, how do I bill?**

CNP clients have full scope of care and are eligible for more than contraceptive intervention only. Submit the claim with a completed, federally approved Sterilization Consent Form for payment.

If you do not have the consent form or it wasn't completed properly or the client was sterilized prior to the 30 days waiting period (client doesn't meet the criteria for HRSA to waive the 30 day waiting period) then the sterilization line on the claim will be denied and the other line items on the claim will be processed for possible payment.

## How to Complete the Sterilization Consent Form (DSHS 13-364)?

- All information on the Sterilization Consent Form, DSHS 13-364, must be legible.
- All blanks on the Sterilization Consent Form, DSHS 13-364, must be completed *except* race, ethnicity, and interpreter's statement (unless needed).
- HRSA does not accept "stamped" or electronic signatures.

The following numbers correspond to those listed on the Sterilization Consent Form, DSHS 13-364:

Section I: Consent to Sterilization	
Item	Instructions
1. Physician or Clinic:	<b>Must be name of physician, ARNP, or clinic that gave client required information regarding sterilization.</b> This may be different than performing physician if another physician takes over. <i>Examples: Clinic – ABC Clinic. Physician – Either doctor's name, or doctor on call at ABC Clinic.</i>
2. Specify type of operation:	Indicate type of sterilization procedure. Examples: Bilateral tubal ligation or vasectomy.
3. Month/Day/Year:	Must be client's birth date.
4. Individual to be sterilized:	Must be client's first and last name. Must be same name as Items #7, #12, and #18 on Sterilization Consent Form, DSHS 13-364.
5. Physician:	Can be group of physician or ARNP names, clinic names, or physician or ARNP on call at the clinic. This doesn't have to be the same name signed on Item # 22.
6. Specify type of operation:	Indicate type of sterilization procedure. Examples: Bilateral tubal ligation or vasectomy.
7. Signature:	Client signature. Must be client's first and last name. Must be same name as Items #4, #12, and #18 on Sterilization Consent Form, DSHS 13-364. Must be signed in ink.

Item	Instructions
8. Month/Day/Year:	<p>Date of consent. Must be date that client was initially counseled regarding sterilization.</p> <p>Must be more than 30 days, but less than 180 days, prior to date of sterilization (Item # 19). <b>Note:</b> This is true even of shorter months such as February.</p> <p>The first day of the 30 day wait period begins the day after the client signs and dates the consent form, line #8.</p> <p>Example: If the consent form was signed on 2/2/2005, the client has met the 30-day wait period on 3/5/2005.</p> <p>If less than 30 days, refer to page F.2/F.3: "When does HRSA waive the 30 day waiting period?" and section IV of Sterilization Consent Form, DSHS 13-364.</p>
<b>Section II: Interpreter's Statement</b>	
Item	Instructions
9. Language:	<b>Must specify language into which sterilization information statement has been translated.</b>
10. Interpreter:	<p>Must be interpreter's name.</p> <p><b>Must be interpreter's original signature in ink.</b></p>
11. Date:	Must be date of interpreter's statement.
<b>Section III: Statement of Person Obtaining Consent</b>	
Item	Instructions
12. Name of individual:	<p>Must be client's first and last name.</p> <p>Must be same name as Items #4, #7, and #18 on Sterilization Consent Form.</p>
13. Specify type of operation:	Indicate type of sterilization procedure. Examples: Bilateral tubal ligation or vasectomy.
14. Signature of person obtaining consent:	Must be first and last name signed in ink.
15. Date:	Date consent was obtained.
16. Facility:	Must be full name of clinic or physician obtaining consent. Initials are acceptable.
17. Address:	Must be physical address of physician's clinic or office obtaining consent.

Section IV: Physician's Statement	
Item	Instructions
18. Name of individual to be sterilized:	Must be client's first and last name.  Must be same name as Items #4, #7, and #12 on Sterilization Consent Form, DSHS 13-364.
19. Date of sterilization:	Must be more than 30 days, but less than 180 days, from client's signed consent date listed in Item #8.  If less than 30 days, refer to page F.2/F.3: "When does HRSA waive the 30 day waiting period?" and section IV of the Sterilization Consent Form, DSHS 13-364.
20. Specify type of operation:	Indicate type of sterilization procedure. Examples: Bilateral tubal ligation or vasectomy.
21. Expected date of delivery:	When premature delivery box is checked, this date must be <i>expected</i> date of delivery. Do not use actual date of delivery.
22. Physician:	Physician's or ARNP's signature. Must be physician or ARNP who <b>actually</b> performed sterilization procedure. Must be signed in ink. Name must be the same name as on the claim submitted for payment.
23. Date:	Date of physician's or ARNP's signature. Must be completed either shortly before, on, or after the sterilization procedure.
24. Physician's printed name	Please print physician's or ARNP's name signed on Item #22.

## How to Complete the Sterilization Consent Form for a Client Age 18-20

1. Use Sterilization Consent Form, DSHS 13-364(x).
2. Cross out "**age 21**" in the following three places on the form and write in "**18**":
  - a. Section I: Consent to Sterilization: "**I am at least 21...**"
  - b. Section III: Statement of Person Obtaining Consent: "**To the best of my knowledge... is at least 21...**"
  - c. Section IV: Physician's Statement: "**To the best of my knowledge... is at least 21...**"





## SAMPLE STERILIZATION CONSENT FORM

NOTE: Your decision at any time not to be sterilized will not result in the withdrawal or withholding of any benefits provided by programs or projects receiving Federal funds.

### SECTION I: CONSENT TO STERILIZATION

I have asked for and received information about sterilization from

(1) Dr. Tim Lu  
*Physician or Clinic*

When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Aid to Families with Dependent Children (AFDC) or Medicaid, that I am now getting or for which I may become eligible.

I understand that the sterilization must be considered permanent and not reversible. I have decided that I do not want to become pregnant, bear children, or father children.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized. I understand that I will be sterilized by an operation known as a

(2) tubal ligation The discomforts, risks, and  
*Specify type of operation*

benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty (30) days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by Federally-funded programs.

I am at least 21 years of age and was born on (3) August 1, 1971  
*Month Day Year*

I (4) Jane Doe hereby consent of my own  
*Individual to be sterilized*

free will to be sterilized by (5) Dr. Tim Lu  
*Physician*

by a method called (6) tubal ligation My consent  
*Specify type of operation*

expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

- Representatives of the Department of Health and Human Services; or
- Employees of programs or projects funded by that department but only for determining if Federal laws were observed.

I have received a copy of this form.

(7) \_\_\_\_\_ (8) August 20, 2001  
*Signature Month Day Year*

You are requested to supply the following information, but it is not required. *Race and ethnicity designation (please check):*

- ☒ American Indian or Alaska Native ☐ Black (not of Hispanic origin)  
☐ Hispanic  
☐ Asian or Pacific Islander ☐ White (not of Hispanic origin)

### SECTION II: INTERPRETER'S STATEMENT

If an interpreter is provided to assist the individual to be sterilized: I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the

consent form in (9) \_\_\_\_\_ language and explained  
*Language*

its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

(10) \_\_\_\_\_ (11) \_\_\_\_\_  
*Interpreter Date*

### SECTION III: STATEMENT OF PERSON OBTAINING CONSENT

Before (12) Jane Doe signed the consent form, I  
*Name of individual*

explained to him/her the nature of the sterilization operation,

(13) tubal ligation the fact that it is intended to be  
*Specify type of operation*

a final and irreversible procedure; and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief, the individual to be sterilized is at least 21 years old and appears mentally competent. He/she knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

(14) \_\_\_\_\_ (15) August 20, 2001  
*Signature of person obtaining consent Date*

(16) US Clinic  
*Facility*

(17) PO Box 123, Anywhere, WA 98000  
*Address*

### SECTION IV: PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon

(18) Jane Doe (19) October 1, 2001  
*Name of individual to be sterilized Date of sterilization operation*

I explained to him/her the nature of the sterilization operation

(20) tubal ligation The fact that it is intended to be  
*Specify type of operation*

a final and irreversible procedure; and the discomforts, risks, and benefits associated with it. I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds. To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/she knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty (30) days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than thirty (30) days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested.)

- ☐ Premature delivery  
Individual's expected date of delivery (21) \_\_\_\_\_  
☐ Emergency abdominal surgery (describe circumstances)

(22) \_\_\_\_\_ (23) October 1, 2001  
*Physician's Signature Date*

(24) Dr. Tim Lu  
*Physician's Printed Name*



## STERILIZATION CONSENT FORM

NOTE: Your decision at any time not to be sterilized will not result in the withdrawal or withholding of any benefits provided by programs or projects receiving Federal funds.

### SECTION I: CONSENT TO STERILIZATION

I have asked for and received information about sterilization from

(1) Dr. Tim Lu  
*Physician or Clinic*

When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Aid to Families with Dependent Children (AFDC) or Medicaid, that I am now getting or for which I may become eligible.

I understand that the sterilization must be considered permanent and not reversible. I have decided that I do not want to become pregnant, bear children, or father children.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized. I understand that I will be sterilized by an operation known as a

(2) tubal ligation The discomforts, risks, and  
*Specify type of operation*

benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty (30) days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by Federally-funded programs.

I am at least 21 18 years of age and was born on (3) August 1, 1984  
*Month Day Year*

I (4) Jane Doe hereby consent of my own  
*Individual to be sterilized*

free will to be sterilized by (5) Dr. Tim Lu  
*Physician*

by a method called (6) tubal ligation My consent  
*Specify type of operation*

expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

- Representatives of the Department of Health and Human Services; or
- Employees of programs or projects funded by that department but only for determining if Federal laws were observed.

I have received a copy of this form.

(7) \_\_\_\_\_ (8) August 20, 2001  
*Signature Month Day Year*

You are requested to supply the following information, but it is not required.  
*Race and ethnicity designation (please check):*

- ☐ American Indian or Alaska Native ☐ Black (not of Hispanic origin)  
☐ Hispanic ☒ Asian or Pacific Islander ☐ White (not of Hispanic origin)

### SECTION II: INTERPRETER'S STATEMENT

If an interpreter is provided to assist the individual to be sterilized: I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the

consent form in (9) \_\_\_\_\_ language and explained  
*Language*

its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

(10) \_\_\_\_\_ (11) \_\_\_\_\_  
*Interpreter Date*

### SECTION III: STATEMENT OF PERSON OBTAINING CONSENT

Before (12) Jane Doe signed the consent form, I  
*Name of individual*

explained to him/her the nature of the sterilization operation,

(13) tubal ligation the fact that it is intended to be  
*Specify type of operation*

a final and irreversible procedure; and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief, the individual to be sterilized is at least 21 18 years old and appears mentally competent. He/she knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

(14) \_\_\_\_\_ (15) August 20, 2001  
*Signature of person obtaining consent Date*

(16) US Clinic  
*Facility*

(17) PO Box 123, Anywhere, WA 98000  
*Address*

### SECTION IV: PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon

(18) Jane Doe (19) October 1, 2001  
*Name of individual to be sterilized Date of sterilization operation*

I explained to him/her the nature of the sterilization operation

(20) tubal ligation The fact that it is intended to be  
*Specify type of operation*

a final and irreversible procedure; and the discomforts, risks, and benefits associated with it. I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds. To the best of my knowledge and belief the individual to be sterilized is at least 21 18 years old and appears mentally competent. He/she knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty (30) days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than thirty (30) days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested.)

- ☐ Premature delivery  
Individual's expected date of delivery (21) \_\_\_\_\_  
☐ Emergency abdominal surgery (describe circumstances)

(22) \_\_\_\_\_ (23) October 1, 2001  
*Physician's Signature Date*

(24) Dr. Tim Lu  
*Physician's Printed Name*

## Hysterectomies [Refer to WAC 388-531-1550(10)]

- Hysterectomies are paid only for medical reasons *unrelated* to sterilization.
- Federal regulations prohibit payment for hysterectomy procedures until a properly completed consent form is received. To comply with this requirement, surgeons, anesthesiologists, and assistant surgeons must obtain a copy of a completed DSHS-approved consent form to attach to their claim.
- **ALL** hysterectomy procedures require a properly completed DSHS-approved consent form, regardless of the client's age or the ICD-9-CM diagnosis.
- Submit the claim and completed DSHS-approved consent form to the:

**DIVISION OF PROGRAM SUPPORT  
PO BOX 9248  
OLYMPIA WA 98507-9248**

**Download the Hysterectomy Consent Form [DSHS 13-365] at:**

**<http://www1.dshs.wa.gov/msa/forms/eforms.html>**

.